| Arkansas Supervision Reporting Log | | | | | | | | | | | | | |
|------------------------------------|--------------|-------|-----|--------|-------|--------------|-------------------|---------------|-----------------|--------------|-------|-------------------------|--|
| Indirect Services | | | | | | | | | | | | | |
| Supervisor: Supervisee: Licens | | | | | | | | | | | | se# | |
| Place of | Employn | nent: | | | | | | | | | | | |
| | | | | | | | CM=Case Man | agement, CO=0 | Consultation, A | ASSESS= Asse | essme | ent | |
| | | | | | | .75, etc | | | | | | | |
| Cl | ient ID m | ay be | by# | or alp | habet | so client ma | ay not be identif | | 1 | | | 1 | |
| | Client | DIX | 1 | | | | Total | Individual | Group | Technolog | | Total Supervised | |
| Date | ID | PW | ST | CM | CO | ASSESS | Indirect | Supervision | Supervision | Assisted | | | |
| | | | | | | | Hours | Hours | Hours | Supervision | Hrs. | Hours | |
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| TOTAL | | | | | | | | | | | | | |
| Superviso | or's Signati | ure:_ | | | | | _Date | Supervisee's | Signature: | <u> </u> | | Date | |